

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH RUBY ANNABETH GOODLETT				STATE FILE OR BIRTH NUMBER 139-15-044579	
	BIRTH DATE	Month Dec	Day 16	Year 1915	BIRTH PLACE	City or Town Spartanburg S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS	
	Child's name				Eolia Bess Goodlett	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Ruby Annabeth Goodlett Mitchell</i>				RELATIONSHIP <u>self</u>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>November 30th</i> 19 <i>79</i>				SIGNATURE OF NOTARY <i>Earl H. Blackley</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				SIGNATURE OF NOTARY	
	19				19	

DO NOT WRITE BELOW THIS LINE

ABSTRACT
of
Supporting
Evidence
(for health
dept. use)

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)		DATE ORIGINAL DOCUMENT WAS MADE
1	<u>Social Security Appli. #67308200068, Balt., Md.</u>	<u>12-41</u>
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	<u>Ruby Annabeth (Mitchell) DOB 12-16-1915</u>	
2		
3		

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION			
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.	ASSISTANT STATE REGISTRAR <i>Ann H. [Signature]</i>	EVIDENCE REVIEWED BY <i>Earl H. Blackley</i>	DATE FILED <i>12-4-79</i>

0193